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		VY & TF	PADEMARK				(Depositor's name)
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APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/771,118	02/04/2004		Gloria Anne Breault		05629	1-5062-01	8825
TITLE OF INVENTION:	2,4-DIAMINO PYRIN	MIDINE COMPOUNDS	HAVING ANTI-CELL PI	ROLIFERATIVE A	CTIVITY		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	FEE TO	OTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	TLE IN	\$1700	11/30/2006
EXAMI		ART UNIT) 1		\$1700	11/30/2000
RAO, DEEPAK R			CLASS-SUBCLASS	J			
		1624	514-275000				
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Change of corresponded Address form PTO/SB	ondence address (or Cha //122) attached.	nge of Correspondence	or agents OR, alternatively, (2) the name of a single firm (having as a member a				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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PLEASE NOTE: Unle	ess an assignee is ident	ified below, no assignee	data will appear on the pa	atent. If an assigne	e is identif	fied below, the doo	cument has been filed for
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE. (B) RESIDENCE: (CITY and STATE OR COUNTRY) 12 0303310 10771118							
AstraZene	eca AB			e. Sweden:	531	1400.00 DA	99319 10771118
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Please check the appropria	ate assignee category or	categories (will not be pr	rinted on the patent):	Individual WCo	rporation of	r other private grou	p entity Government
4a. The following fee(s) as	re submitted:	41	Payment of Fee(s): (Plea	se first reapply an	y previous	ly paid issue fee sh	own above)
	small entity discount p	A check is enclosed. Payment by credit card. Form PTO-2038 is attached.					
XX Advance Order - #		X	The Director is hereby overpayment, to Depos	authorized to charge sit Account Number	the require $50-03$	red fee(s), any defic 10 (enclose an	ciency, or credit any extra copy of this form).
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NOTE: The Issue Fcc and interest as shown by the re			from anyone other than the	e applicant; a regis	tered attorn	ey or agent; or the	assignee or other party in
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Typed or printed name	Donald J.	Bird		Registration No		5,323	

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